

## Check Sheet

### Continuing Education Course Application

#### APPLICATION (Complete one application for each course title per year)

- ☐ Submit a complete application package including one original application with the application fee of \$50.00 and required documentation described below.

#### DOCUMENTATION

- ☐ Hourly breakdown of CE course
- ☐ Final copy of syllabus/course schedule -  
[must include seminar name, seminar date/location, instructor(s) name, course description, educational objectives, teaching methods, course schedule/outline, recommended reading (if any), disclosure of expenses underwritten or subsidized by vendors of any goods, and supplies or services]
- ☐ Copy of course brochure and all other promotional material to be used
- ☐ Curriculum Vitae (CV) for each instructor -  
[must include name; address; educational degree including college and year; license information including status and name of Board licensing agency; certification including status and name of Board certifying agency; type/location/years of practice experience; type/location/years of teaching experience; type/location/years of research experience; type/location/years of other relevant experience; title/journal/date of publications]

#### GENERAL INFORMATION

A course is defined in CCR § 363 as an approved program of coordinated instruction in any one of the subject areas as defined in Section 361(g) and given by an approved Provider. Once approved, a course may be given any number of times for one year following approval, with the single continuing education course fee paid one time annually by the Provider.

Course approval numbers will be assigned for all approved applications. Use this number on all correspondence, CE certificates and requests for cancellation or addition of dates or locations.

Instructor changes require prior notification to the Board with submission of a CV for that instructor.

You must immediately notify the Board of any changes that would affect the date or location of an approved course. Attach a copy of the course approval letter. ~~Dates may be added for the calendar year.~~ Topic changes are not permitted and require a new application with fees and attachments.

Providers are required to furnish a sign-in sheet that contains the course date(s), each licensee's name, license number, and designated space for each licensee to sign in at the beginning and conclusion of the course each day. The sign-in sheet shall ~~also include a statement on the form stating~~ state that the a licensee is by signing their name on that sheet, is declaring under penalty of perjury, that they personally attended the stated course, on the listed date(s) and they personally attended the listed hours of coursework.

Providers shall complete and provide a certificate of completion to licensees who completed the CE course ~~in a timely manner within 30 days following the seminar completion of the CE course.~~ The certificate shall include the name and address of the provider, course title, course approval number, date(s) and location of the course, licensee name, licensee number, printed name and signature of the provider's designated representative, and identify the number of hours the licensee earned in CE, including the type of mandatory hours and whether the hours were taken through distance learning or classroom learning. DO NOT distribute blank or incomplete certificates of completion to attendees. Please DO NOT send copies of certificates of completion to the Board, unless requested to do so. A sample certificate of completion is attached to the application.

Pursuant to California Code of Regulations, Section ~~357363~~ 363(f), the Executive Officer, after notification, may withdraw approval of any continuing education course for good cause, including, but not limited to, violations of any provision of this regulation, or falsification of information or other substantial reason, and shall provide written notification of such action to the provider.

**Board of Chiropractic Examiners**

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**CONTINUING EDUCATION COURSE APPLICATION**

**Must be a Board approved provider before completing this application.**

ALL questions on this application must be answered. Please submit the completed application, supporting documentation and check or money order in the amount of \$50.00 for the application fee at least 45 days prior to the first scheduled course date. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. Incomplete applications or applications with incorrect fees will be returned to the provider during the initial review process. Providers shall submit and complete one application for each CE course offered.

**FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL**

Provider's Name			
Street Address			
City		State	Zip Code
Contact Person	Telephone Numbers: Residence: (    ) Business: (    )		Email Address

**COURSE TITLE/TOPICS AND HOURS** (if different topics are being taught simultaneously, approval for all hours must be obtained)

Title (Title will appear on the Board's web site)

	Number of Hours	Classroom	Distance Learning
<b>A) Mandatory</b>  Ethics and Law, History Taking and Physical Examination Procedures, Chiropractic Adjustive Technique or Chiropractic Manipulation Techniques, Proper and Ethical Billing and Coding			
<b>B) Other Courses Related to Chiropractic</b>  Philosophy of chiropractic, instruction in basic sciences, diagnostic testing procedures and differential diagnosis, pain management theory, physiotherapy, manipulation under anesthesia, special population care, adverse event avoidance, pharmacology, cardiopulmonary resuscitation, principles of practice, wellness, rehabilitation, public health			
<b>C) Other (Describe)</b>			

Office Use Only

Receipt No. \_\_\_\_\_ Date cashiered \_\_\_\_\_

**INSTRUCTORS\*** (if more than one instructor teaches a particular subject (team teaching), list both on the same line)

Name	* Type of Degree(s)	License No./State issued** (if applicable)	Topic of Instruction (from list A-C on front page)	Hours

\*If instructor holds a professional license, the Provider must ensure that the license is in good standing.

~~\*\*Indicate on a separate sheet of paper if there has ever been any disciplinary action taken against any professional license or any criminal convictions.~~

**TOTAL HOURS 0.00**

(This total should match with the front page)

**COURSE DATE & LOCATION** (attach additional sheet(s) if more space is needed)

Course Date(s)	City	State

# SAMPLE CERTIFICATE

Provider's Name  
Provider's Address  
Provider's City, State and Zip Code  
Provider's Phone Number Including Area Code

Course Title  
Date of Course  
Location of Course (City/State)  
Board Approval No. CA-A-\_\_\_\_\_

I hereby verify that \_\_\_\_\_, License No. \_\_\_\_\_ has successfully completed:

Mandatory: \_\_\_\_\_ hours

Mandatory Topic: \_\_\_\_\_

Other: \_\_\_\_\_ hours

The Continuing Education hours identified above were earned through:

Distance Learning \_\_\_\_\_

Classroom Instruction \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature  
Signature of Provider's Designated Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Provider's Designated Representative